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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

245

State File No.

955

Registrar's No.

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4225-W- Garfield Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Four Months (Specify whether years, months or days)
In this community Four Months

3. (a) PRINT FULL NAME Mervin Eskew

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 2, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 26 hr. min.

9. Birthplace Vells Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation N11

11. Industry or business

MOTHER FATHER { 12. Name Ephriam Eskew
13. Birthplace Dayton, Alabama
14. Maiden name Mary Bond
15. Birthplace Alamo, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Eskew
(b) Address 4225a W. Garfield

17. (a) (b) Date thereof 1-31-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Peoples Undertaking Co
(b) Address 3100 Franklin Ave

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4225a W. Garfield Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1942 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Suffocation; when child was found lying in bed covered with rubber due to sheet, at the home 4245a W. Garfield Ave., on Jan. 28th, 1942, at due to about 4:00 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan. 28, 1942
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
(Specify type of place)

23. Signature Alfred Perry (M. D. or other)
Address Copy Date signed 1/30/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Dotie Pettus

Licensed Embalmer No. *4184*

P. O. Address *718 No. Comp*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.